GEORGIA DEPARTMENT OF COMMUNITY HEALTH

State Office of Rural Health

Affidavit, Agreement & Application: Georgia J1 Visa Waiver Program

For State Government Use Only	
Date Received	Date Recommended
Application #	Reviewed By

U.S. Department of State Case Number
(This number must be obtained prior to submitting application http://www.travel.state.gov/jvw.html)

Print the case number in the bottom right hand corner of each page of documentation submitted with this application.

- ❑ Georgia State 30 Application
  - ❑ Primary Care
  - ❑ Primary Care/Sub-specialty
  - ❑ Sub-specialty
- ❑ Appalachian Regional Commission Application (primary care only)

Please Type or Print Clearly- Read all instructions carefully. Complete all sections of this application and attach all required documentation in the order listed on this application form. Incomplete applications will be returned to sender. Please refer to Georgia J1 Visa Waiver Policy for additional information.
Do not submit information that is not required, do not staple any documents, do not print two-sided, and use only 8-1/2" X 11" paper. If you have questions concerning the completion of this application, please contact the Georgia Department of Community Health's State Office of Rural Health at (229) 401-3090.

DATA SHEET

Applicant Name (Health Care Facility)			
Mailing Address	City	State	Zip Code
Contact Person	Telephone	Fax	
Attorney/Representative Name	Telephone	Fax	
Mailing Address	City	State	Zip Code
* Submit the G-28 Notice of Entry of Attorney if applicable			

J1 Physician Last Name	First Name	Home Country	Date of Birth
Medical Discipline		Georgia Medical License #	
* Submit medical license application if not already licensed			

Complete Street Address of **Practice Location**	City	State	Zip Code
County	Census Tract or Block Numbering Area	FIPS County Code	
* Submit a separate sheet of paper listing additional sites if necessary			

1. Use this checklist to ensure all required documents listed below are attached to this form in the order requested:

   a. Copy of completed U.S. Department of State Data Sheet ❑

   b. Physician personal statement regarding reasons for not wishing to fulfill the two-year country residence requirement to which s/he agreed at the time of acceptance of exchange visitor status. ❑

   c. Copies of any I-94 Entry and Departure cards (front and back) ❑

   d. An explanation for any period spent in some other visa status, out of status, or outside of the United States ❑

   e. Legible copies of all IAP-66/DS-2019 Forms in chronological order ❑

   f. Physician Attestation (see Attachment 1) ❑

   g. No Objection Statement (See Attachment 2) ❑

   h. Employer's request letter (see Attachment 3) ❑

   i. A description of the service area, list of similar providers in the service area, description of the applicant facility's services, including hours of operation and staffing level, plan for introducing the physician to the community ❑

   j. A current curriculum vitae for the J1 physician ❑

   k. Documentation of current status as a U.S. medical resident or completion of a U.S. medical residency program ❑

   l. A signed copy of the Appalachian Regional Commission Policy, Affidavit & Agreement if applying for ARC sponsorship. (see www.arc.gov) ❑

2. Is there a signed contract between the applicant facility and the J1 physician? ❑Yes ❑No

Does the contract contain:

a. The name and address of the practice location(s)? ❑Yes ❑No

b. A complete description of the J1 physician's duties? ❑Yes ❑No

c. Identification of the wages to be paid to the J1 physician? ❑Yes ❑No

d. Description of the working conditions and benefits, including facilities provided, malpractice insurance coverage, leave benefits, continuing education opportunities? ❑Yes ❑No

e. A term of at least three years? ❑Yes ❑No

f. A statement that the J1 physician will spend not less than 40 hours per week providing patient care at the location(s) indicated above for duration of the contract? ❑Yes ❑No

g. A statement that the J1 physician will begin employment within 90 days of the date that USCIS approves the waiver? ❑Yes ❑No

h. A statement that the J1 physician agrees to meet the requirements set forth in Section 214 (l) of the Immigration and Nationality Act? ❑Yes ❑No

i. A declaration of the type of medical services to be provided by the J1 physician? (i.e. Family Practice, OB/GYN, Internal Medicine, Pediatrics, Psychiatry, specialty) ❑Yes ❑No

j. The following statement, "Inasmuch as the parties agree that the damages would be difficult to calculate if the physician willfully, voluntarily and without reasonable cause, terminates the agreement before the completion of at least a three-year term, the parties agree that such an act shall result in an obligation by the physician to pay the employer $250,000 as liquidated damages."? ARC applications must include ARC clause (see www.arc.gov) ❑Yes ❑No

***Documentation Required*: Provide a copy of the employment contract with original signatures of the J1 physician and the employer, date and notarize.** *Note: non-compete and moonlighting clauses are prohibited. Employer may require that J1 physician become Board Certified within certain timeframe.*

3. Is the practice site location in one of the following areas?
   a. Geographic Health Professional Shortage Area (HPSA). Identifier # _____
   b. Population HPSA. Identifier # _____
   c. Service Area HPSA. Identifier # _____
   d. Facility HPSA Identifier # _____
   e. Mental Health Professional Shortage Area (MHPSA) Identifier # _____
   f. Medically Underserved Area (MUA) Identifier # _____
   g. Federally Qualified Health Center Type _____
      *Submit proof of FQHC status

Documentation Required: **Provide evidence that the facility is located in the area checked above.** *Primary Care and Primary Care/Specialty applications must have a HPSA number or be a Federally Qualified Health Center (FQHC); except for psychiatrists who must have a MHPSA number or be a FQHC. Specialists may work in any of the above areas. HPSA designations change periodically; find up-to-date information about HPSA designations, assigned by the U.S. Department of Health and Human Services, on the Internet at www.bphc.hrsa.gov. Census tract or block numbering area numbers and FIPS county codes are assigned by the Bureau of Census and can be found online at www.census.gov.*

4. Does the applicant facility have an existing sliding fee discount schedule or agree to implement one for the J1 physician? ❑Yes ❑No

Documentation Required: **Submit a copy of the sliding fee discount schedule.** *Sample schedules are available upon request.*

5. Does the applicant facility have or agree to post a notice of the availability of the sliding fee discount schedule? ❑Yes ❑No

Documentation Required: **Submit a copy of the notice to be posted.** *Sample notices are available upon request. Notices must be in the primary language of the underserved population*

6. What is the primary language of the underserved population served by the applicant facility?

_____

7. Fill in the table below. Data should be based on total number of unduplicated patients* seen for each of the past three years in the specific practice location(s) where the J1 physician will work. If the applicant facility is new, project data for future years and provide a rationale for projections. Rationale may be submitted on a separate sheet of paper. One table with aggregate data may be submitted if the J1 physician will work at multiple sites.

Patients By Payer Source

Year:	**Year:**	**Year:**
No. of Unduplicated Patients:	**No. of Unduplicated Patients:**	**No. of Unduplicated Patients:**
% Medicaid:	**% Medicaid:**	**% Medicaid:**
% Medicare:	**% Medicare:**	**% Medicare:**
% Reduced Pay:	**% Reduced Pay:**	**% Reduced Pay:**
% No Pay:	**% No Pay:**	**% No Pay:**
% Privately Insured:	**% Privately Insured:**	**% Privately Insured:**

*An unduplicated patient is counted once per year regardless of how many visits that patient makes to the healthcare facility. If an unduplicated patient had multiple visits in one year, use the patient's most recent payer source to complete this table.

8. How long has the applicant facility been actively recruiting qualified physicians that graduated from U.S. medical schools for this specific position in this specific location?

_____

***Documentation Required*: Provide proof of at least <u>six months of continuous</u> efforts to fill this position prior to contract signing.** *Examples include: advertisements in professional journals or major newspapers, agreements with private recruitment firms, emails to job candidates, affidavits from residency program or hospital directors stating the job was posted in the school or hospital, evidence of participation in the National Health Service Corps or Georgia Board for Physician Workforce.*

9. Does the J1 physician have the support of the local community? ❑Yes ❑No

***Documentation Required*: Provide letters of community support.** *Letters may come from community leaders or members of the local health care workforce. At least one letter must come from a local government official. Primary Care applications must submit 3 letters. Primary Care/Sub-specialty applications must submit 5 letters, at least two of which must be from local primary care providers who would refer patients in need of specialty care. Sub-specialty applications must identify the service area and provide a total of 10 letters of support from health care professionals throughout the service area. Sub-specialty support letters must evidence a referral network.*

10. Please fill in the table below based on current expectations.

Physician's Weekly Schedule

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Begin/End Time							

At least 40 hours must be spent providing patient care. Do not include on-call or travel time.

11. Is the applicant facility offering the J1 physician the same working conditions and salary that it would have offered a physician who graduated from a U.S. medical school? ❑Yes ❑No

> ***Documentation Required*: Provide a prevailing wage notification from a state or federal agency.**
> *Prevailing wage information may be found at http://www.flcdatacenter.com/owl.asp*
> *The wage to be paid must be at least 95% of the prevailing wage.*

12. Does the J1 physician have letters of recommendation? ❑Yes ❑No

> ***Documentation Required*: Provide two letters of recommendation from people who are able to address the J1 physician's interpersonal and professional ability to effectively care for diverse and low-income people in the United States; ability to work well with supervisory and subordinate staff; ability to adapt to the culture of United States' health care facilities.** *Both letters must be from the J1 physician's residency program. Letters must contain the signator's name, title, relationship to J1 physician, address and telephone number and must be printed on residency program letterhead.*

13. Do the applicant facility and the J1 physician:

a. Acknowledge that the review of this application is discretionary and that in the event the waiver is denied, the Department of Community Health's State Office of Rural Health, any and all Department of Community Health employees, agents and assigns will not be held responsible? ❑Yes ❑No

b. Acknowledge that the entire basis for consideration of this application is the State Office of Rural Health's voluntary policy and desire to increase the availability of healthcare in Georgia regions designated by the United States Public Health Service as Health Professional Shortage Areas or Medically Underserved Areas? ❑Yes ❑No

c. Acknowledge that the State Office of Rural Health reserves the right to contact local healthcare providers to determine community support for this application? ❑Yes ❑No

d. Agree to provide the State Office of Rural Health more information, upon request, for clarification or verification of this application? ❑Yes ❑No

e. Agree to uphold the Georgia J1 Visa Waiver Policy in its entirety and to not enter into any agreements which interfere with, modify or amend the terms of the Georgia J1 Visa Waiver Policy? ❑Yes ❑No

f. Agree to notify the State Office of Rural Health, in writing, of the J1 physician's start date within 30 days of said date? ❑Yes ❑No

g. Agree to follow protocol outlined in the Georgia J1 Visa Waiver Policy in the event of any change in the J1 physician's employment status, contract, schedule, location, or a change of ownership of the applicant facility within 30 days of said change? ❑Yes ❑No

h. Agree to provide semiannual reports to the State Office of Rural Health throughout the 3-year obligation? ❑Yes ❑No

i. Agree to site visits by the State Office of Rural Health ❑Yes ❑No

I hereby declare that all information and statements contained herein are true and do not misrepresent fact. I further acknowledge that I have not evaded or suppressed any information contained in this application or in any of the supporting materials.

Signature of Applicant Facility Representative Date

Notary:

Signature of J1 Physician Date

Notary:

Submit two completed applications to: Georgia Department of Community Health
State Office of Rural Health
J1 Visa Waiver Program
502 Seventh Street South
Cordele, GA. 31015

All applications must have original signatures and required documentation.

Attachment 1- Physician Attestation

I, (name of physician) hereby declare and certify, under penalty of the provisions of 18 USC, 1001, that: (1) I have sought or obtained the cooperation of the (Georgia Department of Community Health or the Appalachian Regional Commission); and (2) I do not now have pending, nor will I submit during the pendency of this request, another request to any U.S. Government department or agency or any equivalent, to act on my behalf in any matter relating to a waiver of my two-year home residence requirement.

Signature Date

A**ttachment 2 -No Objection Statement**

1. If the home country funded the exchange visitor program, a "no objection" statement from the home country must be sent directly by the Embassy to the Waiver Review Division of the United States Department of State. The letter must be on Embassy letterhead and should contain the waiver case file number on the lower right of the envelope.

When the "no objection" statement originates from the exchange visitor's government in the home country, it must be forwarded by that government directly to the American Consul at the U.S. Embassy or Consulate, which in turn will transmit the state to Visa Services. Again, the waiver file case number must be printed on the lower right of the envelope.

The Department of State recommends the following language:

"Pursuant to Public Law 103-416, the government of _____ (home country) has no objection if _____ (J1 physician name and address) does not return to _____ (home country) to satisfy the two-year foreign residency requirement of section 212(e) of the Immigration and Nationality Act."

2. If the home country did not fund the exchange visitor program, the J1 physician must submit a statement that the "no objection" letter is not required because s/he is not contractually obligated to return to the home country. This statement should be signed, dated, and notarized.

Attachment 3- Employer's Request Letter

Conrad State Applications Address to:
Charles F. Owens, Executive Director
State Office of Rural Health
502 Seventh Street South
Cordele, Georgia 31015

ARC Applications Address to:
The Honorable Anne B. Pope, Federal Co-Chair
Appalachian Regional Commission
1666 Connecticut Avenue, N.W., Suite 700
Washington, D.C. 20009-1068

INCLUDE THE FOLLOWING:

1. Name of the J1 physician and medical discipline

2. A statement that the facility is located in an area designated by the Secretary of Health and Human Services as a Medically Underserved Area or Health Professional Shortage Area and provides medical care to Medicaid or Medicare eligible patients and indigent uninsured patients. The statement shall also list the primary care Health Professional Shortage Area, Mental Health Professional Shortage Area, or Medically Underserved Area/Population identifier number of the designation (assigned by the Secretary of Health and Human Services), and shall include the FIPS county code and census tract or block numbering area number (assigned by the Bureau of the Census) or the 9-digit zip code or the area where the facility is located.

3. Identify the discipline that physician will practice and assure a minimum of 40 hours a week will be spent in the identified area.

4. Address(es) of practice location

5. Employer identity (ie. CHC, FQHC, for-profit, not-for-profit)

6. Statement of need

7. Conrad State 30 applications must include statement as follows: "I hereby certify that I have read and fully understand and will comply with the Georgia J1 Visa Waiver Policy, and that all of the information contained in this letter is true to the best of my knowledge and belief."

8. "I hereby certify that I have read and fully understand and will comply with the ARC Federal Co-Chairman's J-1 Visa Waiver Policy, and that all of the information contained in this letter is true to the best of my knowledge and belief."